



CIVIL PROCEDURE FORM NO. 8-A(2)

IN THE \_\_\_\_\_ JUDICIAL CIRCUIT, \_\_\_\_\_ COUNTY, MISSOURI

Judge or Division:	Circuit Court Case Number:	
Plaintiff/Petitioner:	Appellate Number:	<input type="checkbox"/> Filing as an Indigent
	Date of Judgment/Decree/Order: (ATTACH A COPY)	Court Reporter:
Defendant/Respondent:	Date Post Trial Motion Filed:	<input type="checkbox"/> Sound Recording Equipment
	Date Ruled Upon:	The Record on Appeal will consist of: ____ Legal File only or ____ Legal File and Transcript

(Date File Stamp)

Notice of Appeal to Missouri Court of Appeals - Civil

District:  Western  Eastern  Southern

Notice is given that \_\_\_\_\_ appeals from the judgment/decree/order entered in this action on \_\_\_\_\_ (date).

Appellant's Name (If multiple, list all or attach additional pages)	Respondent's Name (If multiple, list all or attach additional pages)
Address	Address
Appellant's Attorney/Bar Number (If multiple, list all or attach additional pages)	Respondent's Attorney/Bar Number (If multiple, list all or attach additional pages)
Address	Address
E-mail Address	E-mail Address
Telephone	Telephone
Brief Description of Case (May be completed on a separate page)	
Issues Expected To Be Raised On Appeal (May be completed on a separate page. Appellant is not bound by this list.)	
Signature of Attorney or Appellant	Date

**Certificate of Service on Persons other than Registered Users of the Missouri eFiling System**

I certify that on \_\_\_\_\_ (date), a copy of the foregoing was sent to the following by facsimile, hand-delivery, electronic mail or U.S. mail postage prepaid to their last known addresses.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Appellant or Attorney for Appellant

**Directions to Clerk**

Transmit a copy of the notice of appeal and all attached documents to the clerk of the Court of Appeals and to any person other than registered users of the eFiling system in a manner prescribed by Rule 43.01. Clerk shall then fill in the memorandum below. See Rule 81.08(i). Forward the docket fee to the Department of Revenue as required by statute.

**Memorandum of the Clerk**

I have this day served a copy of this notice by  regular mail  registered mail  certified mail  facsimile transmission to each of the following persons at the address stated below. If served by facsimile, include the time and date of transmission and the telephone number to which the document was transmitted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have transmitted a copy of the notice of appeal to the clerk of the Court of Appeals, \_\_\_\_\_ District.

Docket fee in the amount of \$70.00 was received by this clerk on \_\_\_\_\_ (date) which will be disbursed as required by statute.

No docket fee was received because:

a docket fee is not required by law under \_\_\_\_\_ (cite specific statute or other authority).

a motion to prosecute the appeal in forma pauperis was received on \_\_\_\_\_ (date) and was granted on \_\_\_\_\_(date).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clerk

Additional Parties and Attorneys

List every party involved in the case not listed on page 1, indicate the position of the party in the circuit court (e.g. plaintiff, defendant, intervenor) and in the Court of Appeals (e.g. appellant or respondent) and the name of the attorney of record, if any, for each party. Attach additional pages to identify all parties and attorneys if necessary.

Party Name	Attorney Name
Address	Address
City, State, Zip Code	City, State, Zip Code
	E-mail Address
	Telephone
Party Name	Attorney Name
Address	Address
City, State, Zip Code	City, State, Zip Code
	E-mail Address
	Telephone
Party Name	Attorney Name
Address	Address
City, State, Zip Code	City, State, Zip Code
	E-mail Address
	Telephone
Party Name	Attorney Name
Address	Address
City, State, Zip Code	City, State, Zip Code
	E-mail Address
	Telephone